

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-031851

STATE FILE NUMBER

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

569

FILED SEP 25 1961

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ColumbiaLength of stay in 1b
41 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Ellis Fischer State
Cancer HospitalInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Barry

c. CITY
OR TOWN WashburnInside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Georgia

Middle

Armilda Chappell

Last

4. DATE

Month

Day

Year

Sept. 21, 1961

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

Aug. 9, 1882 80 79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Dade County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Newt McGill

13b. MOTHER'S MAIDEN NAME

Elizabeth Holman

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Hospital Record

Address

404 4th
Columbia, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Breast with metastasis

INTERVAL BETWEEN
ONSET AND DEATH

12 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

to metastasizing carcinoma

DUE TO (c)

Stricture

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Aspiration pneumonia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 11, 1961, to Sept 21, 1961 and last saw her alive on Sept 21, 1961

Death occurred at 5:30 PM Sept 21st 1961 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James L. Stichey M.D.

22b. ADDRESS

Ellis Fischer Hosp.

22c. DATE SIGNED

9-22-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-24-1961

23c. NAME OF CEMETERY OR CREMATORY

Washburn Prairie

23d. LOCATION (City, town, or county)

Washburn, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyman Spaulding, Columbia, Mo

25. DATE RECD. BY LOCAL REG.

Sept 22, 1961

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT Family Bible Record

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Exam. Cert.

11-27-61
1881-80-Washburn Prairie
1882-79-Harner
8-9-23c

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard A. Leever

Licensed Embalmer No. 5109

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.